



**OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM**

DATE: AUGUST 4, 2020

**COVERAGE AND DEPENDENT ELIGIBILITY AUDIT
PARTICIPATION IS MANDATORY**

This audit is directed at all enrolled dependents, which include one's spouse, domestic partner, and a dependent survivor spouse, as well as one's children, including but not limited to, step-children, children of a domestic partner and children of a dependent survivor spouse.

As you know, Suffolk County is committed, with your help, to do all we can to manage the ever-increasing cost of health care. A key to controlling costs is to ensure that our benefit plans are providing coverage only to eligible dependents. To verify that all of our health care dollars are being spent according to plan eligibility rules, we will be conducting a coverage and dependent eligibility verification audit. ***Your participation in this eligibility audit is required to maintain coverage for your eligible dependents.***

The definition of eligible dependents under our health benefits program is set forth in the General Information section of the benefits booklet that can be found on the EMHP website, www.emhp.org. It also provides a list of acceptable documentation to verify a dependent's eligibility.

We have engaged the firm, Part D Advisors ("PDA"), to conduct the audit. Within the next thirty days, a form will be mailed from PDA to your last known residence on file with the Employee Benefits Unit (EBU) asking that you provide documentation verifying eligibility for each of your enrolled dependent(s) (e.g., birth certificate for a child; federal income tax return Form 1040; court order of legal guardianship, etc.). The letter you receive will outline the necessary documentation. We suggest that you begin the process of assembling this documentation as illustrated in the Coverage and Dependent Eligibility Rules and Documentation Requirements (shown on the attached page). If you are unable to locate documents needed for this audit, you may request a copy of a vital record from www.VitalCheck.com – a fee may apply for retrieval of documents. All information sent to Part D Advisors will be kept confidential and documents will be securely maintained. Please note for security reasons, we will not ask you to disclose Social Security numbers or to send copies of Social Security cards. Upon completion of the audit, all of your documents will become part of your benefits file – they will not be returned to you.

Your timely response to PDA with eligibility documentation will ensure that your health benefits coverage from Suffolk County is not interrupted. Your failure to respond to the mailing that will follow this AEM within the time frame established may result in the suspension of your and your enrolled dependents' health benefits. We urge your attention to this matter and full cooperation.

Amnesty provided for timely and complete response.

At this time we are providing an amnesty period that allows you to remove any currently enrolled, aforementioned dependent from the health benefit coverage who does not meet the plan's eligibility guidelines with no penalty to you, provided you respond by the due date of September 30, 2020. That means, if your ineligible dependent, which includes a dependent survivor spouse, used benefits while s/he was not eligible under the plan, Suffolk County will NOT seek reimbursement from you, the enrollee, for the dollars spent by Suffolk County on these benefits, or from the dependent survivor. However, you **MUST** contact the Employee Benefits Unit at 631-853-4866 via telephone or via email at ebu@suffolkcountyny.gov and tell them that your dependent is no longer eligible for coverage no later than the due date of September 30, 2020. Please note, Suffolk County will not take any disciplinary action based on benefits received, or information submitted concerning any ineligible dependents you remove from coverage before September 30, 2020. If you fail to respond by the due date, and it is determined that you or your enrolled dependent(s) are/were ineligible for benefits, Suffolk County reserves the right to seek recoupment of benefits paid for an ineligible enrollee/dependent.

We realize that verifying your dependents' eligibility requires additional effort on your part. We appreciate your assistance in helping Suffolk County to be financially prudent in the expenditure of health plan dollars so that it, along with its municipal unions, can continue to provide valuable health benefits to all of its employees, retirees, dependent survivors and eligible dependents.

A handwritten signature in black ink, appearing to read "Lisa Black", written over a horizontal line.

**LISA BLACK
CHIEF DEPUTY COUNTY EXECUTIVE**

**DISTRIBUTION:
ONE COPY PER EMPLOYEE/RETIREE**

Coverage and Dependent Eligibility Rules and Documentation Requirements

Copies are acceptable - ORIGINAL DOCUMENTS WILL NOT BE RETURNED

<p>Legal Spouse Spouse (including Surviving Spouse)</p>	<ul style="list-style-type: none"> • Legal spouse of the Employee • Surviving spouses are eligible for coverage if they are not remarried. 	<p>THE following document:</p> <ul style="list-style-type: none"> • Employee's/Surviving Spouse's 2018 or 2019 filed federal income tax return Form 1040 – the first page only (social security numbers and financial information should be blacked out).
<p>Domestic Partner</p>	<p>The covered employee and domestic partner:</p> <ul style="list-style-type: none"> • Are 18 years of age or older; and • Are unmarried and not related in a way that would bar marriage in the State of New York; and • Have a close and committed personal relationship; and • Are living together and have been living together on a continuous basis; and • Are registered with the Employee Benefits Unit (EBU) as domestic partners; and • Have not terminated the domestic partnership; and • Have been in a partnership for at least <u>six months and are able to provide proof of residency and financial interdependence.</u> 	<ul style="list-style-type: none"> • Copy of both driver's license reflecting the same address AND; <p>TWO of the following documents current within the last 30 days:</p> <ul style="list-style-type: none"> • Documentation of current joint ownership of residence; mortgage; • Documentation of joint tenants on current lease of residence; • Current bank/credit card statement with both names; • Current utility bills, provided bill has both names or two bills with each party's name on one; • Current automobile title or registration showing joint ownership; • Current loan note or payment coupon demonstrating joint obligation of the loan.
<p>Children UNDER age 26</p>	<ul style="list-style-type: none"> • Natural child(ren); • Stepchild(ren); • Legally adopted child(ren) or child(ren) placed in your home for final adoption; • Dependent Survivor Child(ren); • Child(ren) under your legal guardianship or custody*; • Child(ren) of a Registered Domestic Partner** 	<p>ONE of the following documents (as applicable):</p> <ul style="list-style-type: none"> • Birth certificate listing parents or adoption paperwork; issued by a State or County; or • Employee's 2018 or 2019 filed federal income tax return Form 1040 – the first page only listing the dependent children (social security numbers and financial information should be blacked out); or • Court order of legal guardianship or of custody (required if dependency is based on the Order)
<p>* Please note: Legal guardianship or custody are eligible up until the end of the month in which they turn 18 or until expiration of the applicable court order. If you fall under this category, you must provide the complete Court Order.</p> <p>**Children of a Registered Domestic Partner are eligible for coverage until age 25 provided they are enrolled as a full-time student at an accredited educational institution. Full time student status will be validated through current practices at Suffolk County.</p>		
<p>Disabled Children aged 19 and older</p>	<p>Child who is unmarried, incapable of supporting themselves (self-sustaining employment) because of a mental or physical disability acquired before the age at which dependent coverage would otherwise be terminated in accordance with the eligibility rules in effect at the time the disability commenced.</p>	<p>BOTH of the following documents:</p> <ul style="list-style-type: none"> • The required documentation for a child UNDER age 26 listed above. • Any documentation verifying a permanent disability that began before the child attained age 19.